INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10929 CERTIFICATE OF DEATH

10932 02 Reg. Dist. No.202

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Kent MARYLA	ND STATE Penna COUNTY Lancaster
CITY (If outside corporete limits, write RURAL LENGTH OF OR end give neerest town) (in this ple	
OR end give neerest fown) (in this plea	TOWN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
HOSPITAL OR	STREET (If rural give focation)
street address near- Fairlee	ADDRESS 2759 Lititz Pike 75 x - 3
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Dey) (Year) OF
(Type or Print) I van R.	Adams DEATH Nov. 21, 1955,
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 H
male white widowed, Divorced, (Specify) Married	Jan. I2, I896 59 yrs. Months Days Hours Mi
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
ralirad)Prod. Manager Milk Dairy	New York USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Adams	Martion Unknown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR	
Yes, no, or unk.) (If Yas, give war or dates of service)	680 Mrs. Ivan R. Adams Littz Pike
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CAL CERTIFICATION INTERVAL BETWEEN
	ONSET AND DEATH
HAO, I IMMEDIATE CAUSE (A) PIODADIE CO	ronary Thrombosis a few min
ANTECEDENT CAUSE(S) DUE TO	
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
STATING UNDERLYING CAUSE LAST. DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,	
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY 2
	YES NO
21a. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factory, OR CONTRIBUTING ☐ CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21e. INJURY OCCUR! While Not y	
M. While Not we struck the struck that we struck	
22. I hereby certify that I attended the deceased from NO	W. 21, 1955, to NOV . 21, 1955, that I last saw the deceas
alive on Nov . 21, 19 55, and that death of	ccurred at 11.00M, from the causes and on the date stated above.
GIGNATURE	ADDRESS (Street, city, fown, steta) DATE SIGNI
Robert W. Farr	M.D. Chestertown, Ma. Nov. 22, 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CE	METERY OR CREMATORY LOCATION (City, town, or county) (Stete)
REMOVAL (SPECIFY) Burial II/26/55 Mosco	w Cem. Moscow, Penna.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25 CHINEDAL DIRECTOR'S SIGNIATURE
DATE NOV. 23-5 Clara S. Barr	Chestertown Maryland
ONITE OF THE OWNER OWNER OWNER OF THE OWNER	mary rank

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BUREAU V.

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

The

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10930 CERTIFICATE	E OF DEATH	eg. Dist. No. 202
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF E	DECEASED:
COUNTY Kent Co MARYLAND	STATE COUNTY	Dues Janes
CITY (If outside corporate limits, write RURAL (in this place) 3 TOWN Chestestown 3 weeks	CITY(If outside corporate limits, write	RURAL and give nearest town)
HOSPITAL OR Kent & Just a Gue Haspital 72 STREET ADDRESS	STREET (If rural give	e location)
DECEASED: (Type or Print) REBECLA R AN	(Last) 4. DATE (Mont	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, Specify): WIDOWED TUNE	9. AGE last birthday 1	Months Daya Hours Min.
work done during most of working life, even if retired): House work in the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House wife with the working life, even if retired : House with the working life, even if retired : House wife with the working life, even if retired : House with the work with the working life, even if retired : House with the work with the	11. BIRTHPLACE (State or foreign count	ry): 12. CITIZEN OF WHAT
13. FATHER'S NAME: Pedley	14. MOTHER'S MAIDEN NAME: (Pelecea Mile	lex
(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Kent + Queen line	Harp. Revords
18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
1420. / Coronary	Uler mebosio	3 week
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)		
	ophlebitia (left)	lap 2 Nm
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) etc. INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	87 to
22. I hereby certify that I attended the deceased from	7, 1953 to 11/26, 1955, th	at I last saw the deceased
alive on	444	
	ERY OR CREMATORY ALGCATION (Offi	y, town, or county) (State

FUNERAL DIRECTOR

SIGNATURE

ADDRESS

VS. A15-10-53

DATE REC'D BY LOCAL

OBAISOE NOI.

BUREAU V. S.

this this

PLACE OF DEATH

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10936 CERTIFICATE OF DEATH

10934 No. 20

2. USUAL RESIDENCE (HOME) OF DECEASED

CITY (II outside corporate Beilt, write BURAL and give nearest lown) ON MARCH OF STATUL POND A STREET ROBRISS STREET ROBRISS 3. NAME OF (First) Grype or First Grype or	COUNTY KENT	MARYLAND	STATE MD.	COUNTY KE	NT
TOWN STILL POND 35 YRS TOWN STILL POND T				te fimits, write RURAL end give ne	erest fown)
STRETT ADDRESS 3. NAME OF STRETT ADDRESS 5. SEX R.C.E. WIDOWED, WINNESS 6. COLOR OR 7. SANGER, MARBERD, WIDOWED, WINNESS 7. SEX R.C.E. WIDOWED, WINNESS 8. DATE OF BITTH 10s. USUAL OCCUPATION (Give kind of work does desired) WIDOWER JUNE 20, 881 74 yrs. Months Days Hours Address of the control	. TOWAL	35 YRS		LL POND	X
The of Print (Modile) (Lest) (Les	INSTITUTION OR			(if rurat give focation)	1
DECKASED (Type of Pinn) (Section)	GG	(Middle)	(1	1 4 DATE (W-1)	(D)
S. SEX G. COLOR OR M. M	DECEASED	I R FFI		OF	24 (Year)
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done during most of working life, even it relied for the factory of contributing cause of pearting life states of contributing life stat			20, 1881		Deys Hours Min.
TATHER'S NAME THO MAS FELLOWS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS LUCILE KENNEDY STILL POND MD 18. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MEDICAL CERTIFICATION 19. MAJORETHING CAUSE (A) ANTECEDENT CAUSE(S) 10. DISEASES OR CONDITIONS, IF ANY, (B) 20. AUTOPSY? YES DISEASE OR CONDITION RELATED TO THE 19. DATE OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 216. ACCIDENT WAS UNDERLYING DISEASE OF DEATH AND DISEASE OR CONDITION SOME CAUSE USE OF DEATH BY DISEASE OR CONDITION SOME CAUSE OF DEATH BY DISEASE OR CONDITION SOME FINDINGS OF OPERATION 20. AUTOPSY? YES NO DISEASE OR CONDITION SOME PROPERTY OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH BY DISEASE OR CONDITION SOME PROPERTY OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH BY DISEASE OR CONDITION SOME PROPERTY OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH BY DISEASE OR CONDITION SOME PROPERTY OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH BY DISEASE OR CONDITION SOME PROPERTY OF THE DISEASE OF CONTRIBUTING CAUSE OF DEATH BY DISEASE OR CONDITIONS CONTRIBUTING COURTED WITH THE PROPERTY OF THE PROPER	10e, USUAL OCCUPATION (Give kind of work done during most of working life, even II		11. BIRTHPLACE (State or loreig	n country) 1	
THOMAS FELLOWS Thomas Fellows			PENNSYLV	IANIA	U.SA.
15. NAS DECEASED EVER IN U. S. ARMED FORCES? (1/9s, no. or unit.) (If Yes, give war or deles of service) NONE LUCILE KENNEDY TO DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OF THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19 DATE OF OPERATION 19 MAJOR FINDINGS OF OPERATION 21 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (If EITHER, NOTIFY MEDICAL EXAMINAR) 21 ACCIDENT WAS UNDERLYING OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINAR) 22 I hereby certify that I attended the deceased from M. J. S. J., to J. J. J., that I last saw the deceased alive on J. J. J., and that death occurred at S. J. J. J. J., to J. J. J. J., that I last saw the deceased slive on J. J. J. J. J., and that death occurred at S. J.	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Vone Lucile Kennedy Still Pond MD	THOMAS FELL	0W5	ELIZA	WARD	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 20 / IMMEDIATE CAUSE ANTECDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOYE CAUSE STATING UNDERLYING CAUSE LOST TO THE ABOYE CAUSE TO THE ABOYE CAUSE OF OR CONDITION CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 199. DATE OF OPERATION 199. DATE OF OPERATION 20. AUTOPSY? YES NO 2 21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) (FETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURED While Not while with while whom with while whom with while whom with while whom with while shown in the causes and on the date stated above. 22. I hereby certify that I attended the deceased from 1.2.2		16. SOCIAL SECURITY NO.			
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alive on 1/23			1955 to 11-	2 4 10 5 that	last saw the deceased
ADDRESS (Street, city, town, state) DATE SIGNED M.D. LOCATION (City, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) NOV. 27, 1955 STILL POND CEMETERY STILL POND ADDRESS ADDRESS (Street, city, town, state) 1/24-55 STILL POND ADDRESS ADDRESS SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS					
BURIAL NOV. 27, 1955 STILL POND CEMETERY STILL POND MD. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE V25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	SIGNATURE		ADDR	ESS (Street, city, town, state)	
BURIAL NOV. 27, 1955 STILL POND CEMETERY STILL POND MD. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE V25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	albide		Chos ten	town les	11-24-55
BURIAL NOV. 27, 1955 STILL POND CEMETERY STILL POND MD. 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE V2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		NAME OF CEMETERY OF	R CREMATORY	LOCATION (City, town, or count	y) (State)
1.11. St. 61	BURIAL NOV. 27, 1		D CEMETERY	STILL POND.	MD.
DATE OF 1/2/15 C Jemaio Jones Victor N. Kennedy, STILL POND, MD.	24. REC'D BY REGISTRAR REGISTRAR'S SIGN	ATURE O	V 1		
	DATE OF 11/2/15 CV PLL	mara Jones	Victor N. Ker	medy STILL	POND, MD.

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ST. TENCH

WIDOWER JUNE 20 1081

PENNSYEVEN A

LUCILE KENNEDY STILL PUND IND

BULEAU V. S.

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24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10931 CERTIFICATE OF DEATH

MARYLAND	STATE DEPARTMEN	NT OF HEALTH-	BALTIMORE, 18	
10931 CI	RTIFICATI	OF DE	ATH	10935
10001			Reg. Dis	st. No 202
1. PLACE OF DEATH		2. USUAL RESIDE	ENCE (HOME) OF DECEAS	ED
COUNTY ENT	MARYLAND LENGTH OF STAY	STATE CITY (If outside con	porte limits, write RURAL and give n	leen Ann
OR and give nearest town of TOWN CHESTERTOWN	(in this ptece)	OR	RUMPTON	17X
12 HOSPITAL OR 12 INSTITUTION OR STREET ADDRESS	, , , , ,	STREET ADDRESS	(If rural give location))
3. NAME OF DECEASED (Type or Print) MYRTLE	(Middle) HARTLEY	(Last) PALE	4. DATE (Month) OF DEATH NOV	(Dey) (Year)
RACE WIDOW	MARRIED, 8. DATE CED, DIVORCED, TUN	_	9. AGE last birthdey IF UND Months	ER 1 YEAR IF UNDER 2
10a. USUAL OCCUPATION (Giva kind of work 10	Db. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF WHAT
done during most of working life, even if retired	OK INDUSTRY	MARYLA		USA.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	1 16. SOCIAL SECURITY NO.	17. INFORMANT 8	YUSCY ADDRESS	
Yes, no, or unk.) (If Yas, giva war or dates of service)	2 10 - 10 - 920	L I DOLLA	C 1 100 11 1	naten.t
NOI	18. MEDICAL CER	TIFICATION (Jane, will	I INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO D	01	7)		ONSET AND DE
584 NIMMEDIATE CAUSE (A)	toscerr of	lancrear		2 606
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	hronie Che	leverstiti	+ - Cholelithia	ri
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	DINGS OF OPERATION			20. AUTOPSY
216, ACCIDENT WAS UNDERLYING 1 216. PLACE	(Home, farm, fectory,	21c. WHERE DID INJURY OCC	CUR? (City or town) (Co	YES NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY	streat, office bldg., atc.)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCC	CUR?	
М.	at work at work		0	
22. I hereby certify that I attended the	deceased from Oct 2	7., 19 5. T, to	20. 水, 195 , that	I last saw the dece
alive on 19.0.3	, and that death occurred at	A.M., from the	causes and on the date sta	ted above.
DIGHT TO TO	M.D.	CHESTER		11.8.
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR		LOCATION (City, town, or cour	P .
REMOVAL (SPECIFY) WOV.	11 Crum	ston	Crumsto	n on
24. REC'D BY REGISTRAR REGISTRAR'S SIGN	ATURE	25. FUNERAL DIRECTOR	S SIGNATURE	ADDRESS
DATE 101:10-1955 Clara	& Barnes	Cagai	In. nahe	- Church
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BUREAU V. S.

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after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10937 CERTIFICATE OF DEATH

		MENT OF HEALTH-BALTIMORE, 18
10937 CE	RTIFICAT	TE OF DEATH
		Reg. Dist. No. 2
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY KENT	MARYLAND	STATE M.D. COUNTY KENT
CITY (If ourside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR
X TOWN LYNCH	LIFE	TOWN LYNCH
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rurel give location) ADDRESS
3. NAME OF (First) DECEASED	(Middle)	(Lest) 4. DATE (Month) (Dey)
(Type or Print) VIRGINIA	A. G.	FORGE DEATH NOV. 7 TE OF BIRTH 9. AGE tost birthday IF UNDER 1 YEAR IF UN
S. SEX 6. COLOR OR 7. SINGLE, M	DIVORCED -	
I-EMALE WHITE (Specify)	JARRIED OC	T. 24, 1922 33 yrs. Months Deys Ho
done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF COUNTRY?
retired) SECRETARY L	AW OFFICE	MARYLAND U.S.A.
13. FATHER'S NAME	415 05	14. MOTHER'S MAIDEN NAME
	ALD SR.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [If Yes, give wer or detes of service]	16. SOCIAL SECURITY NO	
No (in the girth was of delies of saffices)	215-14-35	60 LINWOOD GEORGE LYNCH.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL	CERTIFICATION INTERVAL ONSET AN
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STATING UNDERLYING CAUSE LAST. DUE TO		test to the first test to the first test to the first test test test test test test test t
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION	20. AUI
		YES T
OR CONTRIBUTING CAUSE OF DEATH OF INJURY str. (IF EITHER, NOTIFY MEDICAL EXAMINER)	Home, ferm, fectory, net, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (3
м.	21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the d	eceased from now	7 1955 to 2007, 1955, that I last saw the
alive on 100 7 1953	and that death occurre	d at 737M, from the causes and on the date stated above.
SIGNATURE (PO)		ADDRESS (Street, city, town, state) DATE
~ V/ ~~	us.C) M.D.	Stre Port 11/8
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY	OR CREMATORY LOCATION (City, town, or county)
BURIAL 11-10-55	CHESTE	R CEMETERY CHESTERTOWN, M.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNAT	URE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1/1/8/55 E Jeun	and Jones	B.R. Fellows STILL POND, M

TO SKOMPLAN-HILARS TO THINTHARD STATE GHALF BAK

		5 No. 2027	1000	LADIMI	SAPE PROPERTY.	
						E NAME ASSESSED VALUE
			5-110	- HARIESTER		
				S DAVIGOR ST		
UAS						
	ON - Note -			March College		of white want to the
	To the					BRUTA-DIA
MITE	THE STATE OF					
				41	CHEST STATES	THE PROPERTY OF THE PARTY.

INSTRUCTIONS

10932 CERTIFICATE OF DEATH

Reg. Dist. No. 202

		Annual Control
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY KE ALL MARYLAN	D STATE Maryland COUNTY Leen ann	1
CITY (It outside corporata limits, write RURAL LENGTH OF ST	AY CITY (If outside corporete limits, write RURAL end give neerest town)	
37 OR and give nearest town)	Town Town	2
HOSPITAL OR	STREET (If rural giva location)	-
72 INSTITUTION OR KENT and Queen HANNES	HOSP TEAL ADDRESS	4
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Yeer)	
(Type or Print) Lacy	Braffin DEATH NOVEMBER- 18 19.5	25
S. SEX 6. COLOR OR SINGLE, MARRIED, WIDOWED, DIVORCED, OPPORTU	DATE OF BIRTH 9. AGE last birthday 1 F UNDER 1 YEAR IF UNDER 24 10 - 2 1 - 1896 8 9 yrs. Months Days Hours	4 HRS. Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (Stels or foreign country) 12. CITIZEN OF WHAT	
done during most of working life, even if OR INDUSTRY	Parksley - Va lewild ST	ate
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Handy Jacks	1 (Rosee Genter)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, nor or unk.] (If Yes, give wer or detes of service)	Y NO. 17. INFORMANT & ADDRESS	
THE OTHERS, GIVE WEI OF GETS OF SETVICES	The state of the s	-
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	AL CERTIFICATION INTERVAL BETWEE	
33/X (00.00 a)	Vascular accument 2004	
IMMEDIATE CAUSE (A)	Constitution (Colors - 1.1.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	euron Bisocil	<u>. </u>
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. DISEASE OR CONDITION CAUSING DEATH.	Toxieity.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY	_
	YES NO	XI.
216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRE While - Not wh		
M. et work at work		
22. I hereby certify that I attended the deceased from	11 17, 19 5, to	ased
	curred at 11.45 AM, from the causes and on the date stated above.	
Thomas & Solone	M.D. Wathington Old City exam	4/25
23. BUNIAL, CREMATION, DATE THEREOF NAME OF CEM	ETERY OR CREMATORY (Sta	té)
Burios 11-21-5-1 Pond	torn Queen lime Co. Ma	C.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL PIRECTOR'S GIGNATURE ADDRESS	00
DATE NOV. 9,2-55 Clara S, Ban	ned, Janua d. Davin . In Cestruelle, hery	my

HTARGERTIFICATE OF DEATH

BUREAU V. S.

SSET SE AGE

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit. VS A15C 1-55 10M

24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10933 CERTIFICATE OF DEATH

10938

Reg. Dist. No. 202

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Kent MARYLAND	STATEMaryland COUNTY Kent	
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give necrest tow	n)
37 TOWN Chestertown Life (In this place)	or Town Chestertown	37
HOSPITAL OR INSTITUTION OR Kent & Olicon Anno II and to I	STREET (If rural give location)	1
72 STREET ADDRESS Kent & Queen Anne Hospital	ADDRESS IO2 Prospect St.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day)	(Year)
TT at the second	milton DEATHNOV. 24,	1955, 58
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF		
male colored Widowed Dec. 6	1882 72 yrs. Months Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	BIRTHPLACE (State or foreign country) 12. CITI	EN OF WHAT
relired) Laborer various	Maryland US	INTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
General Hamilton	Elizabeth Granger	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	
(Yes, no, or unk.) (If Yes, give wer or detes of service) 717-07-9131	Hospital Records	
18. MEDICAL CERT	IFICATION IN	TERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	OI	SET AND DEATH
572.2 IMMEDIATE CAUSE (A) G. Bhading	Active - F	DDAY
ANTECEDENT CAUSE(S) DUE TO	litis	7
GIVING RISE TO THE ABOVE CAUSE		
STATING UNDERLYING CAUSE LAST. DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	2-	
DISEASE OR CONDITION CAUSING DEATH.	w •	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		O. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, 21	c. WHERE DID INJURY OCCUR? (City or town) (County)	S NO (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.)	(County)	(Srale)
	If. HOW DID INJURY OCCUR?	
M. at work et work		
22. I hereby certify that I attended the deceased from	198 8 to 1/ LY 198 5 that I last s	w the deceased
alive on	9 P. M. from the causes and on the date stated abo	ve
SIGNATURE "	ADDRESS (Street, city, town, state)	DATE SIGNED
Thomas Solow Thomas Solo	Chestertown, Md. II/24	155
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C		(Stete)
Burial IIZ7/55 Janes (col	.) Cem. Chestertown,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE A A ADDRES	S
	// Ches	tertown Yland

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5 3 44 K18 DAT

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH_RALTIMORE 18

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY KINT MARYLAND	STATE Mandad COUNTY	me Kent
CITY (If outside corporate limits, write RURAL OR and give nearest own) Y TOWN CITY (If outside corporate limits, write RURAL (in this place)	CITY (If outside corporate limits write URAL and OR TOWN Places	give nearest town)
HOSPITAL OR OINSTITUTION OR METREET ADDRESS at home	STREET (If rural, give location)	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) FLMER SINCLAIR J	ARMAN 4. DATE (Month) (Day) OF DEATH Levels (1)	
RACE WIDOWED, DIVORCED,	9. AGE last birthday: IF UNDER I YI	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	200 1 1	CITIZEN OF WILA' COUNTRY? C.S.Q.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Wesley Jarman	agnes Carey	
15. WAS DECEASED EVER IN U.S. AR DED F ROES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
service)	mis. James Qyan - J	alma. Ka
18. MEDIC	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Sovere Burne	= (probable.)	15 mult
DUE TO		
Antecedent cause(s) Discourse or conditions if any (b) (Passille caulo	m monarelle poisony)	15 munt
Diseases or conditions, if any, (b) giving rise to the above cause DUE TO was an agel with	elid. Douth ming home decerred	e prin
stating underlying cause last (c) Thue . His well	I depend on fruiting CO is to	was .
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Ocale	et Least trentle	many
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20 AUTOPSY?
a della		Yes No
PRIMARY N or CONTRIBUTING OF Street, office bldg., etc.	0	(State)
CAUSE OF DEATH. INJURY 2Id. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED	Jacobs Meyer	mel.
OF INJURY 11 11 55 300 M. While at work at work	wire. Had not clothing on fire a	what fine
22. I hereby certify that I took charge of the remains describ		
find that death resulted from: Natural causes [], Accid	dent 😭, Suicide 🗌, Homicide 🗍, Undeter	
SIGNATURE OF A	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER		inty) (State)
REMOVAL (Specify): Int. 13 1955 Julina	Contine Galina Kint &	. hud
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	34. FUNERAL DIRECTOR.	ADDRESS
REG. 17 20 CC E O. T. O. Theel Long	Marin V. blelliam Chief	entire lead

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conage is especially important, Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

166

A15A - 5 - 53 VS.

72 hours after death. After this director, the third copy of this

24 hours after death.

10940

10939 CERTIFICATE OF DEATH

20 Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY KENT MARYLAND	STATE M.D. COUNTY KENT
CITY (If outside corporete limits, write RURAL LENGTH OF STAY	CfTY (If outside corporate fimits, write RURAL end give nearest town)
OR and give nearast town) TOWN (in this pleca)	TOWN STILL POND
A SILL FUND LIFE	STILL FOND
HOSPITAL OR INSTITUTION OR	STREET (If rurel give location) ADDRESS
STREET ADDRESS	
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month) (Dey) (Year)
(Type or Print) WILLIAM ELIGH M.	ILLIGAN DEATH NOV. 23 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DAT	OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HRS
MALE COLORED (Specify) WIDOWER IN	5 1878 77 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. SIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
dona during most of working life, even if OR INDUSTRY	COUNTRY?
13. FATHER'S NAME	MARYLAND U.S.A
	14. MOTHER'S MAIDEN NAME
GEORGE MILLIGAN	MARTHA FORD
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no or unk.) (If Yes, give wer or detas of service) 220-03-20	38 ANNA JOHNSON STILL POND, MD.
18. MEDICAL C	- WINN GONNOON STILL ON
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
11511 X IMMEDIATE CAUSE (A) Paralysis	a agelanto
ANTECEDENT CAUSE(S) DUE TO	1 LATE
DISEASES OR CONDITIONS, IF ANY, (B)	in tartines
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	A
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
0	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21s. (NJURY OCCURRED While Not while	21f, HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from	20, 19.55, to Marx 23, 19.55, that I last saw the deceased
alive on 700128, 19 55 and that death occurred	12.251
SIGNATURE A CONTROL OF THE CONTROL	ADDRESS (Street, city, town, stete) DATE SIGNET
of (P/1/ To	Still Pond 2nd 11-24-5
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
PEMOVAL-ISPECIEY):	(31878)
BURIAL NOV. 26, 1955 MT. ZION	CEMETERY STILL POND MD.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE // W/JJ Orlunard Jones	Wictor M. Kennedy STILL POND, MD.
	THE THE PROPERTY STILL TOND, MIDI

HTASO TO STADISTING

STILL POND WILLIAM ELIGH MILLIFAN - " ; GEORGE MILLISTER FORD THE CASE THE MONTH SENTEN SLAND HE The state of the s V UATRUE SCEL BY VON

OBAGO STO

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

after death.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10940 CERTIFICATE OF DEATH

10941

1. PLACE OF DEATH			2. USUAL RE	SIDENCE (H	OME) OF	DECEASE	D		
COUNTY Kent		MARYLAND	STATE Mar	brefre	COUNTY	Kon	-		
CITY (If outside corporete lin	mits, write RURAL	LENGTH OF STAY		de corporete limits)	
OR and give nearest town		(in this place)	OR	Rock Ha					
HOSPITAL OR	06 Ja Ja	1 7777 0	STREET	MOCK H		to the stank		X	
INSTITUTION OR STREET ADDRESS	Edsville		ADDRESS	Edsvil		give location)		1	
3. NAME OF (First)	(Middle)	(Last)	4.	DATE (M	onth)	(Day)	(Yee	r)
(Type or Print)	GEORGL A	. SCOTT			OF DEATH	Nov.	21.	19	55
5. SEX 6. COLOR O	7. SINGLE, MARRI WIDOWED, DIV	ED, 8. DAT	E OF BIRTH 1877	9. AGE	last birthday	IF UNDER		IF UNDER	24 HR:
M Col.	(Specify) We	d Nav	30 VZIN	78	yrs	Months	Days	Hours	Min.
10a. USUAL OCCUPATION (Give	kind of work 10b. KIN	ID OF BUSINESS	11. BIRTHPLACE (State	or foreign countr		1	CITIZE	N OF WHA	AT
dona during most of working		INDUSTRY					COUN	TRY?	"
13. FATHER'S NAME	Tar	ming	Rock Hal		10. 1	d. I	U.S		137
Samuel			Rachel	Thomps	son				
1S. WAS DECEASED EVER IN U. : (Yes, no, or unk.) (Il Yes, give v		. SOCIAL SECURITY NO.	17. INFORM	ANT & ADDRESS					
/-/ no -		none	George	T. Sco	ott-Ro	ock He	77	Md.	
I DISEASES OR CONDITIONS DI	DECTIVIES TO DEATH	18. MEDICAL C	ERTIFICATION					RVAL BETY	VEEN
I DISEASES OF CONDITIONS DI	KECILI LEADING TO DEATH								
	//		0 +	-01				SET AND D	
151X IMMEDIATE CAUSE	(A)	Vicensma	of stome	ach					
151X IMMEDIATE CAUSE ANTECEDENT CAUSE		reuma	of stome	ach					
ANTECEDENT CAUSE	ANY, (B)	reinma 6	of stome	ach					
ANTECEDENT CAUSE	ANY, (B)	reuma 6	of stome	ach					
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE	ANY, (B) ANST. DUE TO (C)	reinsma (of stome	ach					
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT	ANY, (B) ANY, (B) AUSE LAST. (C) INS CONTRIBUTING ED TO THE	reusma 6	of stome	ach					
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE IT OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE	E(S) DUE TO ANY, (B) AUST DUE TO LAST (C) INS CONTRIBUTING ED TO THE ING DEATH.	Vreensma 6	of stome	ach			Ser	esel and o	eath
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT	ANY, (B) ANY, (B) AUSE LAST. (C) INS CONTRIBUTING ED TO THE	OF OPERATION	of stome	ach			ON:	o. AUTOPS	eath out
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE IT OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSI 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING TO CAUSE OF D	E(S) DUE TO ANY, (B) AUSE DUE TO (C) INS CONTRIBUTING ED TO THE ING DEATH. 19b. MAJOR FINDINGS EG 21b. PLACE (Home	. farm. fectory.	of stome	ach	or town)	(Cour	ON:	o. AUTOPS	EATH PURCH
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN	E(S) DUE TO ANY, (B) AUSE LAST. (C) INS CONTRIBUTING ED TO THE ING DEATH. 19b. MAJOR FINDINGS IG	e, farm, factory, offica bidg., atc.) INJURY OCCURRED	21c. WHERE DID INJURY		or town)	(Cour	ON:	D. AUTOPS	EATH PURCH
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE OF STATING UNDERLYING CAUSE II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM	E(S) DUE TO ANY, (B) AUST DUE TO (C) INS CONTRIBUTING ED TO THE ING DEATH. 19b. MAJOR FINDINGS IG 21b. PLACE (Home DEATH INER) (Day) (Yeer) (Hour) 21e. Whil	e, farm, fectory, offica bldg., atc.) INJURY OCCURRED a Not while —			or town)	(Cour	ON:	D. AUTOPS	eath out
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM) 21d. TIME OF INJURY (Month)	E(S) DUE TO ANY, (B) AUST AUST C(C) ANS CONTRIBUTING ED TO THE ING DEATH IPb. MAJOR FINDINGS EG	e, farm, fectory, office bldg., atc.) INJURY OCCURRED a Not white ork at work	21f. HOW DID INJURY	OCCUR?			ON:	O. AUTOPS	Y?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the	E(S) DUE TO ANY, (B)	in, farm, fectory, office bidg., atc.) INJURY OCCURRED la Not while ork at work at work at seed from.	21f. HOW DID INJURY	OCCUR?	V, 19.5.	5, that I	2(YES	D. AUTOPS NO (State)	Y?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the	E(S) DUE TO ANY, (B) AUST AUST C(C) ANS CONTRIBUTING ED TO THE ING DEATH IPb. MAJOR FINDINGS EG	in, farm, fectory, office bidg., atc.) INJURY OCCURRED la Not while ork at work at work at seed from.	21f. HOW DID INJURY	OCCUR?	19.5. nd on the	5, that I	20(YES	D. AUTOPS NO (State)	Y?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE 12 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSE 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the	E(S) DUE TO ANY, (B)	in, farm, fectory, office bidg., atc.) INJURY OCCURRED la Not while ork at work at work at seed from.	21f. HOW DID INJURY	OCCUR?	19.5. nd on the	5, that I	20(YES	D. AUTOPS NO (State)	Y?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the alive on	E(S) DUE TO ANY, (B) ANY, (C) ANY, (B) ANY, (B) ANY, (C) ANY, (B) ANY, (C)	INJURY OCCURRED Sork Stwork Street Installation of the stwork of the stwork occurred M.D. M.D.	21f. HOW DID INJURY 19. 53. to at. 4. D.M, from	occur?	nd on the	5, that I date state yvn, steta)	20(YES	D. AUTOPS NO (State)	Y?
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF GIVING RISE TO THE ABOVE O STATING UNDERLYING CAUSE 11 OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUS 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAM 21d. TIME OF INJURY (Month) 22. I hereby certify the	E(S) DUE TO ANY, (B)	injury Occurred INJURY Occurred a Not while of work of work of the occurred	21f. HOW DID INJURY 19. 53. to at. 4. D.M, from	occur?	19.5. nd on the	5, that I date state yvn, steta)	20(YES	D. AUTOPS NO (State)	Y?
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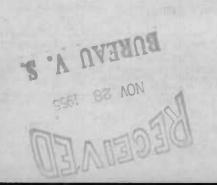
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10934 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE MEDICAL EXAMINER'S OF DEATH

				<u> </u>		A TO CONTRACT OF THE PARTY OF T
I. PLACE OF DEATH:			2. USUAL RESIDEN	CE (HOME) OF DEC	EASED:	
county Ken	t	MARYLAND	STATE Mary	land county	K.e	ent
CITY (If outside corpora OR and give nearest to TOWN	te limits, write RURAL own) hestertown	LENGTH OF STAY (in this place) Several	OR	corporate limits write hestertown	RURAL and	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS C	annon St. Ex	Years tended	STREET ADDRESS	(If rural, g	ive location)	1
DECEASED:	7	L. Taylor	(Last)	4. DATE (Mo OF DEATH NOV	nth) (Day) • 21	
male 6. COLOR RACE: White	WIDOWED, (Specify):	DIVORCED,	25/ T902	. AGE last birthday: 53 yrs.	Months Da	
IOa. USUAL OCCUPATION work done during mo even if retired):	of Give kind of 10b. Klost of work life. IN aborer (Vario	IND OF BUSINESS OF NDUSTRY:	II. BIRTHPLACE	(State or foreign colland	ountry): I2.	COUNTRY?
13. FATHER'S NAME:			14. MOTHER'S MAIL			
	Taylor		Josephin	ne Ruley		
(Yes, no, or unk.) (If Yes, no or unk.)	give war or dates of	2-I2-I434	17. INFORMANT & A Ars. Ruley	C.	hestert	town
		18. MEDICA	L CERTIFICATION			INTERVAL BETWEE
Antecedent cause(s Diseases or conditions, giving rise to the above stating underlying cau	if any, (b) to see cause DUE TO	bly matura Sibly a lu lly M. D. tr get Deceased	ried withou	T success.	about	a year as
DISEASE OR CONDITI	T NOT RELATED TO ION CAUSING DEATH.	THE				
19a. DATE OF OPERATIO	N: 19b. MAJOR FINDIN	G OF OPERATION:				20. AUTOPSY? Yes [] No [5]
21a. EXTERNAL CAUSE V PRIMARY or CONTRI CAUSE OF DEATH.	BUTING OF INJURY				ty)	(State)
2Id. TIME (Month) (Day) OF INJURY		ile at Not while	21f. HOW DID IN	NJURY OCCUR?		
SIGNATURE	sulted from: Natural Robert		lent [], Suicide [CHIEF		Undeter	
23. BURIAL, CREMATION REMOVAL, (Specify):		Chester Centure		Chesterto		
DATE REC'D BY LOCAL	REGISTRAR'S SIGNA	Barnes.	J. Willis	ECTOR Wells - Cl	nestert	ADDRESS OWN, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



4 hours after death.

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1094 CERTIFICATE OF DEATH

1. PLACE O	F DEATH				2. USUA	L RESIDEN	CE (HOME)	OF DE	CEASEI	D	
COUNTY	Kent		MARYL			Maryla		OUNTY	Ken		
OR and	utsida corporate limits, write l give nearest town)	RURAL	LENGTH O	olace)	OR		rete fimits, write			rest town)	
TOWN	Chesterto	own R.	D.B L:	ife	TOWN	Ches	terto				
HOSPITAL CONSTITUTION STREET ADD	OR	er Nec	k		STREET ADDRES		er Ned	frurel giva Ok	locetion		
3. NAME OF			(Middle)		(Last)		4. DATE	E (Month	h)	(Day)	(Yaer)
(Type or Prin		EPH S	. TREW	Sr.			DEAT	TH I	Nov.	12	195
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M	W		ried		12,1869		86	yrs.	Monnis	Days	110013
dona during	CUPATION (Give kind of wo most of working life, even		. KIND OF BUSINES OR INDUSTRY	SS	11. BIRTHPLACE	(State or foreign	an country)		12	. CITIZEI	OF WHAT
retirad)	farming		rop		Quarer	Neck.	Kent	Co.	Md.	J	J S A
13. FATHER'S NA					14. MOTH	ER'S MAIDEN	NAME				
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MARYLAND STATE DEPARTMENT OF HEALTH

10935 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 2 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. Kent STATE COUNTY Kent Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) TOWN give nearest town (Im this place) Chestertown TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR Washington Ave ADDRESS Washington Ave. STREET ADDRESS 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED Joseph Wheatley DEATHNOV. 29, 1955 (Type or Print) 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single 8. DATE OF BIRTH 9. AGE last birthday | If under 1 year | If under 24 hra. Months | Days | Hours | Min. male white 6/30/ I89T 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working ille, even if retired) INDU TRUE AGENCY INDUSTRY COUNTRY! Kent Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph N. Wheatley Frances Russell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT AND ADDRESS 16. SOCIAL SECURITY NO. Washington Ave. Chestertown, Md (Yes, no or unknown) (If yes, give war or dates of don't know Mrs. Annie Culp 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Hemopericardium Immediate cause Torn right pulmonary artery Antecedent cause(s) 10 11 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not Complete pneumothorax iractured sternum Conditions contributing to the death but not fracture Related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes 📉 № П 21. EXTERNAL CAUSE WAS PRIMARYADOR CONTRIBUTING CAUSE OF DEATH. PLACE (Home, form, factory, street, (CITY OR TOWN) (COUNTY) (STATE) OF office bldg etc.) Chestertown Kent Maryland TIME (Month) (Day) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? Drove car While at Not while rear of parked 22. I certify that I took charge of the remains described above, held an Autopsy X Inspection . Inquiry . thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [] accident N, suicide], homicide], undetermined]. (Degree or title) DATE SIGNED Robert W. Farr, M.D. Chestertown, Md. Nov. 30, 1955 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) BUT1a (Specify) Dec. 3,19551 Chester Cemetery Chestertown, Md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Willis Wells- Chestertown, i.d. 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10942CERTIFICATE OF DEATH

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1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME COUNTY MARYLAND STATE (If outside corporeta limits, write RURAL LENGTH OF STAY (If outside corporete limits, writand give nearest town) (in this place) OR TOWN TOWN HOSPITAL OR STREET INSTITUTION OR **ADDRESS** STREET ADDRESS (First) (Middle) 3. NAME OF (Lest) DAT DECEASED OF (Typa or Print) DEA 5. SEX COLOR OR SINGLE, MARRIED DATE OF BIRTH AGE lest b WIDOWED, DIVORCED, RACE (Specify) 10b. KIND OF BUSINESS 10e, USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) dona during most of working life, even if OR INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DR 6 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yas, give wer or dates of service) 1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING TI 21b. PLACE (Homa, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or tov OR CONTRIBUTING TI CAUSE OF DEATH OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work et work 22. I hereby certify that I attended the deceased from ... 19 alive on ... MAN and that death occurred at. .M, from the causes and SIGNATURE ADDRESS (Strae A15C 1-55 10M alon M. D. NAME OF CEMETERY OR CREMATOR BURIAL, CREMATION, DATE THEREOF LOCATION (City, town, or county) REMOVAL (SPECIFY) REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR

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